

Work Order ID 116537

116537

Page 1

April-17-14 7:55:17 AM

Item ID: D4869-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: End Fitting, Eye

Start Date: 4/17/14

Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/02/14

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: MLJDate: 14-04-17

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D4869

Rev A MLJ

100

0.00

100

Outsource5

Memo

Outsource process - Machining

ISSUE P/O: 23860
POSSIBLE SUPPLIER: ATG

C OF C IS REQUIRED

110

QC6- Inspect dimensions to drawing

0.00

110

QC

Memo

Quality Control

0.00

DAS
27
9-89
4/6/25

150

PURCHASING

0.00

150

Purchasing

Memo

Purchasing

Issue P/O:
LPI Per ASTM 1417 LEVEL 2
Certificate of conformaty is required

0.00

N/A done@ ATG

CL 14/04/17 4

4/4/20 (4)

4

CL 14/06/25

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 116537

116537

Page 2

April-17-14 7:55:17 AM

Item ID: D4869-3

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: End Fitting, Eye

Start Date: 4/17/14 Start Qty: 4.00 *4*

Cust Item ID:

Required Date: 5/02/14 Req'd Qty: 4.00 *4*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Receive & Inspect for Damage & Mat'l Certs	0.00							
160									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								
190	QC21- Final Inspection - Work Order Release	0.00							
190									
QC	Memo	0.00							
Quality Control									

ST 124

4X SP14-6-25

4X SP14-6-25

ML5 14-6-25

SP14-6-25

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
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Offset/Setup									
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Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

April-17-14 7:55:21 AM

Page 1

Work Order ID: 116537

116537

Parent Item: D4869-3

D4869-3

Parent Item Name: End Fitting, Eye

Start Date: 4/17/14

Required Date: 5/02/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 14-01-16 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4869-3P		Purchased		No			Each	0.0000		4			
D4869-3P									**				
End Fitting, Eye													
M174PH-H900R1.000		Purchased		No			f	145.0000		2			
M174PH-H900R1 000									**				
17-4SS H900 ROUND BAR 1.00													

Location

Loc Qty

Loc Code

MAT031

145

m126952

37

m127334

60

m128314

48

2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

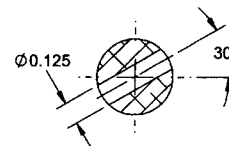
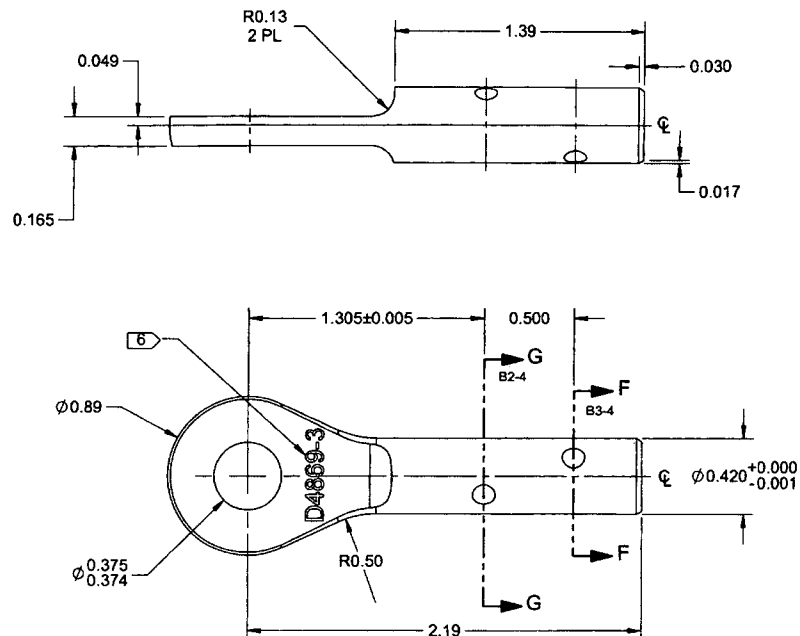
Work Order update only ☐

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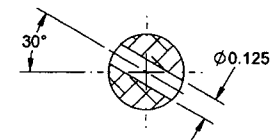
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FAULT CATEGORY

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SECTION F-F B5-4



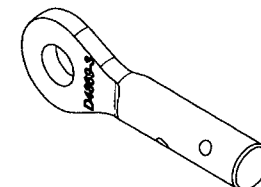
SECTION G-G B6-4

D4869-3 END FITTING, EYE

NOTES:

- 1) MATERIAL: 17-4 PH/S17400/TYPE 630 SS ROUND BAR, H900 CONDITION
PER AMS 5643/ASTM A564
DART SPEC M17-4-R
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.3.
ENGRAVE P/N USING 0.10 HIGH LETTERS TO A MAX. DEPTH OF 0.010
- 7) WEIGHT: 0.08 lbs
- 8) LIQUID PENETRANT INSPECT PER QSI 038 6.1.1 (ASTM E1417 LEVEL 2)

APPROVED	DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
	DRAWN	RF		
	CHECKED	HS	DRAWING NO.	REV. A
	MFG. APPR.	JLM	D4869	SHEET 2 OF 2
	APPROVED	HS	TITLE	SCALE
	DE APPR.	DS	END FITTING	NTS
DATE		13.12.16	<small>COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR TRANSMITTED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	



116537 MJS
14-04-17

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23860**

Purchase Order Date 4/17/2014

PO Print Date 4/22/2014

Page Number 2 of 8

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone

613-446-4544

Ship To Contact

Ship To Phone

Ship Via:

VENDOR'S TRUCK

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

CAD

FOB

FCA - (Free Carrier)

3 D4869-1P

End Fitting, Eye

5/19/2014 FN

Yes

10.00

Each

\$71.75

\$717.50

MACHINE AS PER DWG D4869 REV. A

B116536

MATERIAL: 174PH-H900R1.000 M126952

Line Total:

\$717.50

4 D4869-3P

End Fitting, Eye

5/19/2014 FN

Yes

4.00

Each

\$71.75

\$287.00

MACHINE AS PER DWG D4869 REV. A

B116537

MATERIAL: 174PH-H900R1.000 M126952

Line Total:

\$287.00

5 D4871-3P

End Fitting

5/19/2014 FN

Yes

8.00

Each

\$145.00

\$1,160.00

MACHINE AS PER DWG D4871 REV. A

B116541

MATERIAL: 174PH-H900R1.000 M126952

Note:

4/22/2014



A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE STREET
ROCKLAND, ON K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 908153

Date: 20-Jun-14

To

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ship To

CHANTAL LAVOIE
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

Terms		Ship Via	
Quantity	Description		
	PLEASE REFERENCE THE PACK LIST NUMBER ON ALL CORRESPONDENCE TO THIS SHIPMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL AT (613) 446-4544.		
1 ea	Part: D4885-2P END FITTING Job: 16226	Rev: A PO: PO23860	Line: 16
2 ea	Part: D4885-7P END FITTING Job: 16228	Rev: A PO: PO23860	Line: 18
10 ea	Part: D4869-1P END FITTING, EYE Job: 16214	Rev: A PO: PO23860	Line: 3
4 ea	Part: D4869-3P END FITTING, EYE Job: 16215	Rev: A PO: PO23860	Line: 4
4 ea	Part: D4805-1P END FITTING Job: 16219	Rev: A PO: PO23860	Line: 8
DATE: <u>20 June 2014</u> CERTIFIED SIGNATURE: <u>J Ayotte</u> RECEIVER SIGNATURE: _____ CERTIFICATE OF CONFORMANCE A.T.G. INDUSTRIES INC. CERTIFIES THAT ALL ITEMS IN THIS SHIPMENT ARE IN CONFORMANCE WITH THE REQUIREMENTS, SPECIFICATIONS, AND DRAWINGS REFERENCED IN THE ABOVE PURCHASE ORDER. I.S.O. 9001 : 2008 REGISTERED / MADE IN CANADA			

731 Industrielle St
Rockland, Ontario K4K 1T2
Ph: 613 446-4544

Pg.1

**skyservice****Work Order Traveler**
Sky Service F.B.O. Inc.

Page: 1 of 1

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

WO #: MWO21208	Customer: ATG Industries Inc	Dept: NDT YUL	Reference: 20140224
Descr:	PN:	S/N:	Qty: 1
Make:	Model:	Reg:	A/C S/N:
TSN: 0	CSN: 0	TSO: 0	
Task: UNSCHEDULED			Sequence: 1

Work Required:

CARRY OUT NDT ON 55 PARTS AS PER PO : 20140224

Action Taken:	Date:	Initial/Stamp:
LPI C/O AS PER ASTM E-1417M-13 NO CRACK FOUND PEN.(ZL-37 , B#10A070), CLEAN(SKC-S,B#09F21K),DEV.(SKD-S2,B#09L04K) EMU.(ZR-10B,B#10A074).	JUN 17 2014	

Description	Location	P/N	Qty	Batch	S/N Off	S/N On

COPY

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

Signature:	ACA/SCA Stamp 	Date: JUN 17 2014
Name: RAFIK MELIKIAN		